



CERTIFICATE OF ZONING COMPLIANCE

Harrison Township Development Department
5945 N. Dixie Drive, Dayton, OH 45414
937-890-5611 (p) * 937-454-4831 (f)
www.harrisontownship.org

Date _____ 20 _____ Certificate No. _____

1. Location of the property for which the Certificate of Zoning Compliance is being made: _____ (street address)

2. Business Name: _____

3. Name of Applicant: _____

Applicant's Address: _____

City _____, State _____, Zip _____, Phone No. _____

4. Property Owner's Name _____, Phone No. _____

Address _____, City _____, State _____, Zip _____

5. Corporations: list names of the following corporate officers:

President Name _____ SSN _____ - _____ - _____

Vice President Name _____ SSN _____ - _____ - _____

Secretary Name _____ SSN _____ - _____ - _____

Treasurer Name _____ SSN _____ - _____ - _____

Agent's for Certificate of Service, Name _____

Agent's address _____, City _____, State _____, Zip _____

Corporation's Federal Identification Number _____

6. Partnerships: List names of individuals in the partnership (if additional space is needed for complete list of partners, list on the reverse side of this form).

Name _____ SSN _____ - _____ - _____

Address _____, City _____, State _____, Zip _____

Name _____ SSN _____ - _____ - _____

Address _____, City _____, State _____, Zip _____

7. Sole Proprietorship:

Name _____ SSN _____ - _____ - _____

Address _____, City _____, State _____, Zip _____

8. Describe in detail how the property is to be used (if additional space is needed, use the reverse side or attach comments to this form).

I hereby swear that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information in this application is not correct or complete, the result may be the invalidation of this and all subsequent permits issued in conjunction with this Zoning Permit.

Date filled: ____ / ____ / ____

Signature of Applicant

* TOWNSHIP USE ONLY*

Parcel I. D. No. _____ Zoning District _____ Permit Fee \$ _____

Date Issued ____ / ____ / ____ BZA Case No. _____

Remarks: _____

Zoning Administrator

Date

You must also contact Kevin Monroe with the Harrison Township Fire Prevention Bureau @ 274-4351 for a fire inspection.